Rehabilitation Psychology

→ Meaning & scope — 10/15

→ a) Aged — 20

→ b) Alcoholism & Drug Addiction — 20

→ c) AIDS / HIV — 20

→ d) Juvenile Delinquents & Criminals — 20

→ e) Victims of violence — 10
(In Terrorism)

→ Primary
Secondary
Tertiary
} Prevention — 15

- **Primary Prevention** eg. Vaccination, family planning
  → (person is not yet having the disease)
  → early signs, proactive
- **Secondary** " → Early detection of disease & preventing it from developing further (not fully set disease)
  → Early reaction
- **Tertiary** "
  → Hospitalisation & Treatment
  → Stigma is -ve effect
  → Late reaction

* Aim of Rehabilitation

Rehabilitation refers to all attempts made at training & retraining an individual so as to enable maximum possible functional capability. More comprehensively speaking, it can be defined as giving people with disability the opportunity to live & work in community & enjoy social life at their own pace through planned experiences in a respectful, supportive & realistic atmosphere. It typically involves helping people gain or improve the skills & obtain resources &

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support that they need to achieve their goal. Rehab. Psychology is a special area of study & practice within the larger discipline of Psychology, involving the application of Psychology to the persons with psycial, cognitive, emotional & developmental disabilities & their rehab.

The primary objective of rehab. Psychology is to reduce the effects of disability & to improve the functional capacity of persons with disability.

The roles of rehab. psychologists are dependent on the particular work settings which vary considerably. They may work in :

(i) Acute medical rehab. settings in Hospitals
(ii) Sub acute rehab. prog. including specialised community reintegration prog. for the persons with traumatic brain injury.
(iii) Vocational rehab.
(iv) Mental Health Agencies
(v) Academic research & educational institutions

within these settings, they may be involved in:

(i) Assessment
(ii) Intervention
(iii) Consultation
(iv) Aftercare
(v) Research

* Rehab. of aged

for any rehab
(i) to open channels of comm.
(ii) Wholistic Approach (Psychological, physical, medical, occupational & Economic rehab.)
(iii) Multidisciplinary focus
(iv) Bring about desired attitude & beh. change — provide motivation

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Major problems → a) Relapse
↳ focus on aftercare

b) Reintegration in community

*Aged → 65 yrs & above
↳ chronological age is not always the right criterion

• All aged have some unique characteristics:

(i) Elderly function
(they share their experiences)

(ii) Intense possession of treasured objects

(iii) Creativity does not decline with age
eg. Goethe → Shakespeare of Germany
↳ He wrote "faust" in his 80s [Book]

(iv) Shortened Time perspective

(v) Desire to leave behind legacy

* Major challenges faced by old people

(i) Intellectual Decline & associated problems.

(ii) Sexual decline & associated problems.

(iii) Physical decline & associated problems

(iv) Sensory decline & associated problems
→ Dependence on people will increase
→ Reduced self esteem
→ " confidence
→ Independent functioning compromised

(v) Age & life crisis
↳ a) Retirement (man made identity crisis)
↳ financial loss

b) Death of Spouse
↳ Broken Heart Syndrome → within 6 months of the death of spouse, the other person dies.

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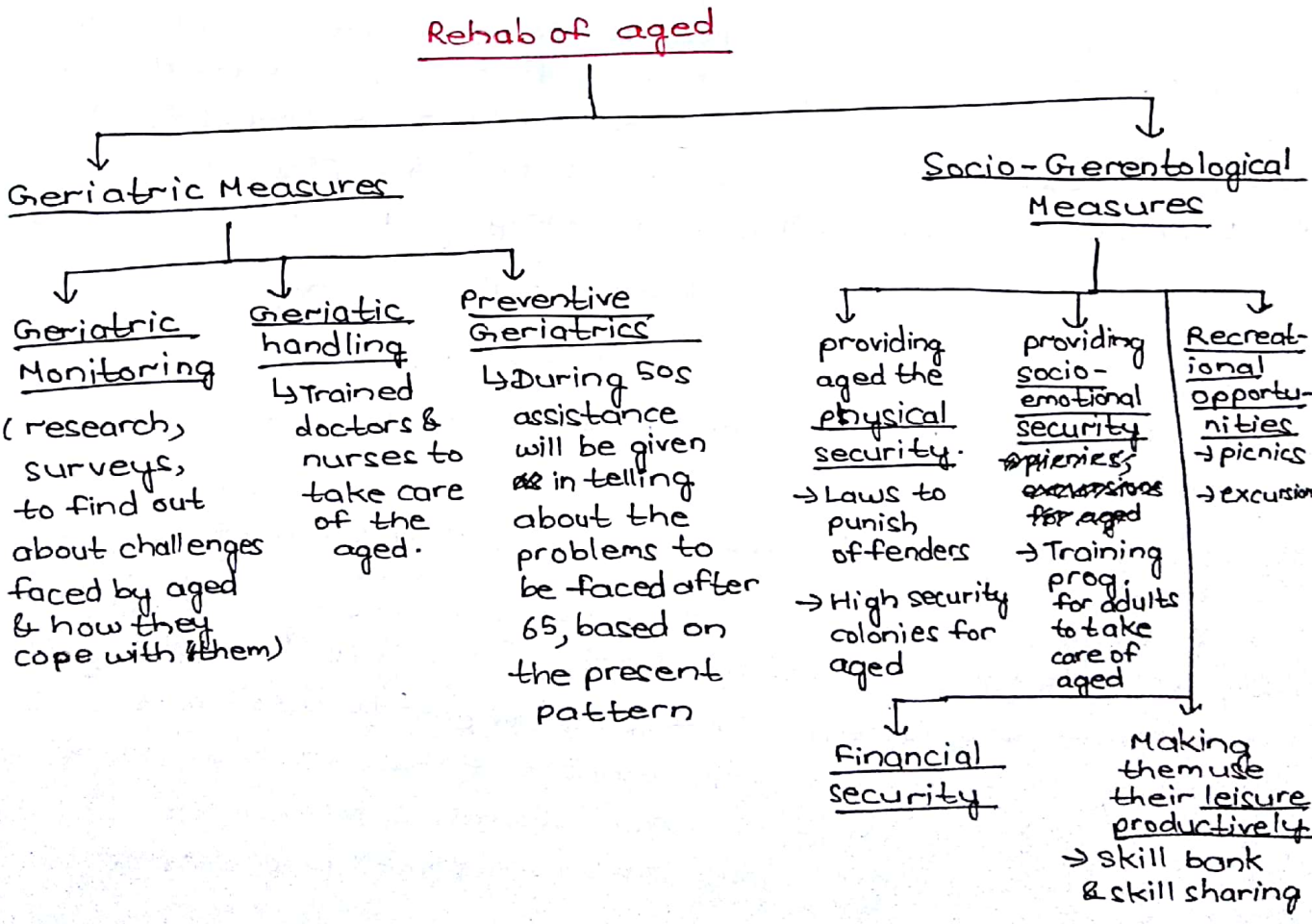
* Problems faced by aged in India

(i) Breakdown of joint family → Marginalisation of old people
(ii) Inadequate social support system
(iii) Old Age Homes [Limited no.]
(iv) Very few single window provisions
(v) Old age pension inadequate
(vi) Unfriendly Infrastructure for aged
(Geriatric wards in Hospitals absent)
↳ specifically for old people; Hospital staff unfriendly with aged.)
→ Hardly any research & data available for aged people.
→ " " opportunity for re-employment for aged people.

• Rehab. of aged

↳ (i) Geriatric Measures
(ii) Socio-Gerentological Measures


Rehab of aged
Geriatric Measures
Socio-Gerentological Measures
Geriatric Monitoring
(research, surveys, to find out about challenges faced by aged & how they cope with them)
Geriatic handling
↳ Trained doctors & nurses to take care of the aged.
Preventive Geriatrics
↳ During SOS assistance will be given in telling about the problems to be faced after 65, based on the present pattern
providing aged the physical security.
→ Laws to punish offenders
→ High security colonies for aged
providing socio-emotional security
→ Training prog. for adults to take care of aged
Recreational opportunities
→ picnics
→ excursion
Financial security
Making them use their leisure productively
→ skill bank & skill sharing

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→ Real challenge is after 85 yrs (facilities highly inadequate for this group)

→ Limited no. of NGOs working for the aged in India.

- Skill Bank → Old professional can help new professionals without doing full time job.
- Logo Therapy (Victor Frenkel)
  ↳ meaning of life is lost during old age.

⇒ Helpage Organisation

* Socio-emotional security most imp.

* Rehab. of AIDS patients

For all topics: a) Biological
b) Psychological
c) Socio-cultural
} Both causes & Treatment

Rehab. in the context of HIV & AIDS patients can broadly be defined as optimising choices for people with HIV & AIDS by providing the tools & support to help people do what is meaningful to them. This includes physical, vocational & psychological rehab. The 3 primary goals of rehab. are

(i) To increase or maintain functional capacity.

(ii) To increase or maintain person's QoL.

(iii) To decrease hospitalisation & increase self care.

- The changing phase of interventions for HIV & AIDS patients:

Preventing HIV through beh. change is the most effective way to control its spread. Early prog. aimed at changing attitudes & cultural practices of the individual. But currently, the prevention effort takes into account how social & cultural norms influence sexual beh. & why certain groups lack control over the exposure to infection.

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In contemporary times, intervention focuses on targetting groups who engage in risky beh. such as sex workers, injection drug users. This intervention is likely to be most effective when it uses dynamic small group interaction as it helps convey relevant info., mobilise peer group support & create opportunities for building up self efficacy.

Intervention strategies should also involve:

(i) School & community education
(ii) Intervention in community based settings
(iii) Couple counseling
(iv) Primary health clinics

Community based interventions may be organised into a) small group approaches, b) community wide interventions c) media approaches

Perhaps the most influential small grp. app. is the behavioral skills app. dev by Kelley. The key components of this app. are:

a) Risk Education & sensitization
b) Sexual assertion training
c) Developing social network
d) Self mgmt. Training

The other approaches that have been found useful are

(i) Community wide approaches which involve the use of popular opinion leaders who initially adopt a new practice & encourage its adoption by others subsequently.

(ii) Network approaches that target toward drug users to make them change community based norms & also to enhance their readiness to enter drug abuse treatment.

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(iii) Personalised feedback so that one can know the target group's knowledge regarding HIV, risk perception & sexual behavior.

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* Juvenile Delinquency & Crime
* Drug & Alcohol Dependence

Etiology

a) Organic / Biological factors
b) Psychological or Interpersonal factor
c) Socio-cultural factor

• Relationship bet. juvenile delinquent & criminal

a) More in legal framework than behavioral framework (country wise variations)

But in most countries 18+ yrs → Crime
below 18 yrs → Juvenile delinquency

• Not all Juvenile delinquents become criminals & not all criminals have juvenile history.

• Probation & Parole → prevents institutionalisation of juveniles.

In India, 16 – 18 yrs ⇒ If they commit heinous crime
↓
would be tried as adults

⇒ Focus on revenge & not of revenge or retribution

• Alcohol → Psychological Dependence → Habituation
→ Physical " → Addiction

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⇒ Function without the drug is not possible
⇒ Need for more & more drug for the same effect
⇒ Withdrawal symptoms if left abruptly

- Social Drinker → occasionally drinks, has control
- Alcoholic → person has no control; will not stop till he faints.

Drug dependence → As no clear demarcation bet. habituation & dependence.

Alcoholic → when drinking becomes the solution for all problems

- Juvenile Delinquent → Young offender

* Juvenile Homes → ~~%~~ attempt is ~~per~~ for rehab.

- For criminals, the method for rehab.
  a) Probation
  b) Parole

- felonies → serious crimes
- misdemeanour → non serious crimes

} → If both are kept together, people who commit non serious crimes will also learn from serious crime offenders

* Kiran Bedi started Vipasna meditation in jails
- Plea Bargaining → Out of court settlement.

- Biological → Failure of inhibitory CNS (juvenile delinquents)
  → some people more oriented towards drugs & alcoholism
- Socio-cultural → Neighbourhood Env.

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Treatment

Biological (organic)

- Alcoholism → De-toxification (removing alcohol from the blood)

→ Aversive counter conditining

→ CBT (Psychological)

→ Creating conditions in the society to ↓ stress (Socio-cultural)

→ Group Therapy better (for both Alcoholism & Juvenile Delinquency)

* **Alcoholic Anonymous Organisation**

* Primary → Identification

⇒ communication is very imp.

- Social Rejection → Juvenile Delinquency
- " Alienation → Alcoholism

* For long term → Education is the key

* Family involvement (maladjustment starts in the family)

* Community involvement

* Effective use of media (propaganda) [Bandura]

* Opinion Leaders

* Relaxation Training → Yoga, Meditation, etc.

* Propaganda for de-glamourisation of such activities.

⇒ Immediate Intervention

⇒ Short Term "

⇒ Long Term "

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• Social - Institutional Factors → Porous border, unemployment, etc.

* Rehab. is multi-dimensional & multi-disciplinary (causation also)

Juvenile Delinquency

Juvenile Delinquents are minors usually defined as being bet. 10 - 18 yrs who have commited some acts that violate the law. Juvenile Justice Act, 2000 defines Junile ~~Delinquent~~ child as a person who has not completed 18 yrs of age. Juvenile Justice Act, 2015 allows for juvenile in conflict with the law in the age group → 16 to 18 yrs involved in heinous offences to be tried as adults.

Etiology

*Psychosocial

(i) Violence at home
(ii) Sociopathic role models
(iii) Peer pressure
(iv) Substance abuse
(v) Socioeconomic factors
(vi) Lack of moral guidance
(vii) Poor educational standards
(viii) Violence in social circles
(ix) Social rejection
(x) Poor school attendance
(xi) Broken families
(xii) Arbitrary supply of reward & punishment
(xiii) Marital discord
(xiv) Reinf. for delinquent beh.
(xv) Parental rejection & faulty discipline.
(xvi) Lack of recreational facilities

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Multi Systemic Therapy

In this therapy the interventions are child focused, child focused, family centred, oriented towards problem solving across numerous contexts in which youths are embedded such as family, peers, school & neighbourhood.

Alcohol & Drug Dependence

• Drug Dependence

It is a state of periodic or chronic intoxication in the individual or the society produced by repeated consumption of the drug, natural or synthetic. Its characteristics include:

(i) An overpowering desire or need to continue the drug & obtain it by any means.
(ii) Tendency to increase the dosage over time.
(iii) Psychological or physical dependence upon the effects of drug.
(iv) Manifestation of withdrawal symptoms on abrupt discontinuation of the drug.

• Alcoholism / Alcohol Use Disorder

As defined by DSM 5, is a problematic pattern of drinking that results in clinically significant impairment or distress which takes the form of 2 or more of the following situations within a 12 month period:-

(i) Drinking more or for a longer period of time than intended
(ii) Continually wanting or attempting unsuccessfully to cut down or stop drinking.

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(iii) Spending a lot of time getting alcohol, drinking or recovering from its effects.

(iv) Having a strong desire or urge to drink.

(v) Failing to fulfill major work, school or home responsibilities due to drinking.

(vi) Continuing to drink even though it is causing relationship troubles with family & friends.

(vii) Prioritising drinking by giving up or cutting back imp. activities.

(viii) Drinking in situations in which it is physically dangerous.

(ix) Continuing to drink even though one has persistent or recurrent physical or psychological problem.

(x) Needing much more than what was needed to get desired effect from alcohol.

(xi) Having withdrawal symptoms

Alcohol rehab. is the process of combining medical & psychotherapeutic treatments to address dependency on alcohol. The goal of both, drug & alcohol rehab. is for the patient to remain permanently abstinentand gain psychological tools for long term sobriety.

- Goals of alcohol rehab.

(i) End alcohol abuse

(ii) Establish +ve social support system

(iii) Improve general health

(iv) " personal circumstances

(v) Meet employment & educational needs

(vi) Reduce criminal beh. & resolve legal problems.

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(vii) Treat psychiatric disorders & psychological problems.

• Steps in treatment

a) Assessment
b) Alcohol Detoxification
c) Psycho therapy for beh. change
d) Prescription of medication
e) Continued abstinence & prevention of relapse

• Alcohol Anonymous (AA)

Reasons for alcoholism → a) Stress & Anxiety [max. in Labour class]
b) Curiosity
c) Availability
d) Celebrating success
e) Peer Pressure
f) Identity crisis
g) Role models
h) Style Statement
i) Search for meaning, killing boredom

Alcohol Anonymous is a group therapy in which the person who has overcome his drinking problem shares his experiences with those who currently have drinking problem regarding the challenges faced by him during the problem & how he was able to overcome these challenges & was able to come out of his drinking habit.

→ In AA Free Treatment

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